

IEP Assessment Request

Date:

Re:

Date of Birth:

School name:

School address:

To whom it may concern, my name is (parent/guardian name) and I am the parent/guardian of (Patient) who attends (School). This is my written request for special education assessments in all areas of suspected disability and specifically in the following areas:

I understand that I must be presented with a written assessment plan within fifteen (15) days and that the plan will inform me of the tests to be given, dates for the tests, and the names of the persons who will administer the tests, as well as explanations of the tests and their purposes. Thank you for your support and help in this matter.

Yours truly, (Parent/Guardian)

(Phone number)

(Email)